

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <p>TELEPHONE NO. (Optional): FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>	<p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p>	
<p>DECLARATION OF CHILD CUSTODY EVALUATOR REGARDING QUALIFICATIONS</p>	<p>CASE NUMBER:</p>

1. I, (name): _____, declare that if I appeared in court
and were sworn, I would testify to the truth of the facts in this declaration.
2. On (date): _____, I was appointed by the court to perform a child custody evaluation in
this matter.
3. I meet all of the requirements for a child custody evaluator set forth in Family Code sections 1816 and 3111 and rules 5.220, 5.225
and 5.230 of the California Rules of Court.
4. ☐ Other (specify): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr/> <p>(TYPE OR PRINT NAME)</p>		<hr/> <p>(SIGNATURE OF DECLARANT)</p>
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